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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/781,940
	Filing Date	February 20, 2004
	First Named Inventor	Li, et al.
	Art Unit	2875
	Examiner Name	A. B. Carlaso
	Attorney Docket Number	WAVLEN-225-cip

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **024972**
☒ Please change the correspondence address for the above-identified application to:

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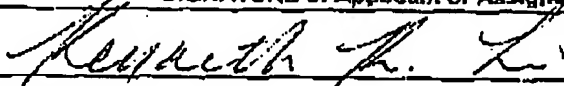
<input checked="" type="checkbox"/> Firm or Individual Name	Fulbright & Jaworski LLP				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.